Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IN009554	A. BUILDING _____ B. WING _____	C 12/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE HOME HEALTHCARE INC	1036 S RANGELINE RD CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments This visit was for a state home health complaint investigation. Complaints: IN00120579 and IN00119416 - Unsubstantiated: Lack of sufficient evidence. Survey Date: December 19, 2012 Facility #IN009554 Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor Nightingale Home Healthcare, Inc, was found to be in compliance with 410 IAC 17-12-3 and 410 IAC 17-14-1 as related to these complaints. Quality Review: Joyce Elder, MSN, BSN, RN January 3, 2013	N 000		